

2014 Annual Report

# The John A. Hartford Foundation



Working to improve the health  
of older Americans

## Dedication

Kathryn D. Wriston, who served as a Trustee of the John A. Hartford Foundation for 23 years, was an elegant and accomplished woman whose delightful sense of humor and natural openness drew others to her—and to the causes she passionately supported. A tireless champion of our mission to improve the health of older adults, Kathy inspired us all with her contagious enthusiasm for our programs, including the Medical Student Training in Aging Research (MSTAR) program, which provides medical students with a summer research, educational, and clinical experience in geriatrics.

An accomplished attorney and veteran of several corporate boards, Kathy was savvy with her questions and suggestions and helped improve our grantmaking, serving as President of the Board from 2002 to 2014. She was also Chair of the Foundation's Evaluation Committee from 1998 to 2012.

In addition to her contributions to the field of aging and health, Kathy was a dedicated supporter of pancreatic cancer research, nature conservation, and education. She also helped found the Matthew 25 Project, an organization to help elderly residents in her community of Sherman, CT.

She will be dearly missed.



KATHRYN D. WRISTON  
1939-2014

The John A. Hartford Foundation

## 2014 Annual Report



“It is necessary to carve from the whole vast spectrum of human needs one small band that the heart and mind together tell you is the area in which you can make your best contribution.”

The John A. Hartford Foundation  
[www.jhartfound.org](http://www.jhartfound.org)

THIS HAS BEEN THE GUIDING PHILOSOPHY of the Hartford Foundation since its establishment in 1929. With funds from the bequests of its founders, John A. Hartford and his brother George L. Hartford, both former chief executives of the Great Atlantic and Pacific Tea Company, the Hartford Foundation seeks to make its best contribution by supporting efforts to improve health care for older Americans.



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# HARTFORD Change AGENTS

www.ChangeAgents365.org

@ChangeAgents365

ChangeAgents365

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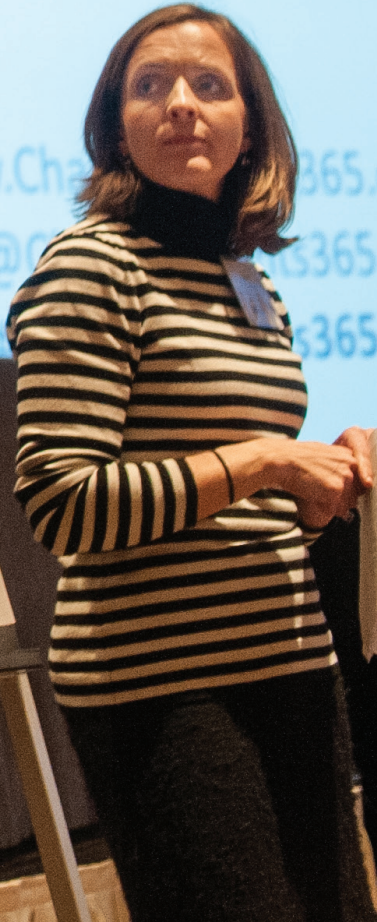
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/ Med / Psych  
1st Care





## Report of the Chair and President



Norman H. Volk  
Chair



Corinne H. Rieder, EdD  
President

IT IS ONCE AGAIN OUR GREAT HONOR to introduce the John A. Hartford Foundation's Annual Report, recounting an exciting and productive 2014, both for our grantees and us.

As you know, after three fruitful decades of helping build academic capacity to produce geriatrics professionals in nursing, medicine, and social work, in 2011 we reviewed our grantmaking strategies and turned them in a new direction. Today, the Foundation is focused on putting geriatrics expertise to work, investing in more direct "downstream" efforts to redesign systems and care and to promote needed policy change on behalf of older adults and their families.

During our assessment and consequent planning, we identified distinct but interconnected strategies we believe are critical to transforming our nation's health care for older people, and from them, created five grantmaking portfolios. These include building the leadership capacity of geriatrics experts in medicine, nursing, and social work to drive practice change; educating current and future practitioners in best geriatric practices; developing and supporting new, evidence-based models of care to lower costs and improve outcomes; promoting measures, standards, and health information technology that support appropriate care for older adults; and advancing the Foundation's nonpartisan mission and the work of grantees through communication, advocacy, and research that inform the development of effective health and aging policies.

In this year's annual report, you'll find in-depth descriptions of each of these portfolios, with a particular focus on the Hartford Change AGENTS Initiative, an exemplar of the new direction the Foundation has taken. This important initiative seeks to harness the energies and creativity of the thousands of geriatrics experts we have supported during the last 30 years and accelerate practice change that will benefit the health of older Americans, their families, and their communities.

We hope you will enjoy learning about some of the great projects that have come into existence as a result of our new direction, as well as some of the wonderful people who lead them.



## Notable Grants in 2014

Of the many grants we approved last year, four stand out as particularly emblematic of our new grantmaking strategies.

In partnership with The Atlantic Philanthropies, the Hartford Foundation Trustees approved a \$1.6 million grant to the Health and Aging Policy Fellows (HAPF) program to support an additional 44 fellows over the next three years. The Atlantic Philanthropies approved a \$4.7 million grant for the same purpose in March. The Fellows will receive intensive training in policymaking and bring geriatrics expertise to policymakers through placements at key agencies and offices in the federal government. Along with the 67 fellows who participated in the fellowship program's first six cohorts, the new fellows will form a network of aging-focused professionals poised to help shape policy that improves the health of older adults.

The Foundation also approved a \$1,612,922 four-year grant to further evaluate a Hartford-supported health care model that provides hospital-level care in the home and lays the groundwork for its widespread dissemination and implementation. Our grant complements a \$9.6 million Health Care Innovation Award from the Center for Medicare & Medicaid Innovation to deliver and test a version of Hospital at Home, called the Mobile Acute Care Team or MACT, at the Icahn School of Medicine at Mount Sinai in New York. MACT provides care at home for patients with specific illnesses, delivered by a team of physicians, nurses, and others using mobile diagnostic technologies, intravenous medications, and supportive patient and family engagement. The Hartford grant will support the collection of clinical data, comparison to a control group, analysis of the model's implementation process, and develop key technical assistance tools and Hospital at Home content experts.

The Foundation's Board of Trustees also approved a \$1,055,297 three-year grant to the National Association of Social Workers (NASW) to launch an advanced training program that equips social work supervisors with the geriatrics knowledge and supervisory skills they need to help strengthen social work practice on the front lines of health care service delivery. The program will train 160 master's-level social work supervisors in four states

(New York, Maryland, Illinois, and Florida), so that more than 1,200 front line social workers under their supervision will receive better support in improving and maintaining the health, safety, and independence of their older adult clients.

Finally, the Foundation approved a \$1,951,320 three-year grant to continue and enhance the Hartford Communications and Dissemination Initiative, which will increase awareness and support of the Foundation, its grantees, and our common mission. Including communications support for grantees and new Foundation activities with a variety of partner organizations, this grant builds on our successful and longstanding collaboration with SCP, a socially responsible consulting firm with expertise in the aging field.

## Financial Report

2014 marked another strong year for U.S. equities; the S&P 500 is now more than three times its 2009 trough level after rising for six consecutive years. However, international developed equities significantly trailed the domestic equities in 2014 and since capital markets hit rock bottom in March 2009. The Foundation's endowment ended 2014 at approximately \$560 million, representing a net increase of \$10 million after disbursement for grants and expenses during the year. The Foundation's well-diversified portfolio, which continued benefiting from the six-year-old U.S. bull market, posted a solid gain of about 6.2 percent in 2014, bringing an annualized return of 10.3 percent since March 2009 through the end of 2014. Furthermore, we are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 27 years; the portfolio delivered a 9.0 percent return per annum, while spending over \$810 million in today's dollars for grants and expenses during this period of time. With Goldman Sachs' assistance, the Foundation will continue to focus on maximizing the risk-adjusted returns through a disciplined, prudent investment approach. Looking ahead, while mid-single-digit returns for a moderate risk portfolio are generally expected over the next five years, we are confident that our portfolio has positioned us well to pursue investment opportunities and to withstand dramatic swings in the financial markets.

## Foundation Transitions

We would like to express our profound sense of loss and extend our condolences to the family of Kathryn D. Wriston, who passed away in September 2014. Kathy, as we knew her, served on the Hartford Foundation's Board of Trustees for 23 years. To learn more about her wonderful contributions to the life and vitality of the Foundation, please see the inside front cover of this report.

We would also like to express our gratitude and best wishes to John J. Curley, who retired from the Hartford Foundation's Board of Trustees in 2014 after 10 years of service. Mr. Curley is the former CEO, president, and chairman of the Gannett Company, Inc.

With regards to Hartford staff, Grants and Evaluations Coordinator Jessica L. White has left our New York office, but maintains her role at the Foundation, working remotely from Washington State.

Finally, and with gratitude, both of us will be in transition as well. Last year, Corinne H. Rieder, EdD, who has led the Foundation since 1997, announced her intention to retire from her post as President. After a national search, we are pleased to announce that Terry Fulmer, PhD, RN, FAAN, a former grantee of the Foundation and University Distinguished Professor and Dean of the Bouvé College of Health Sciences at Northeastern University, will be Hartford's next President.

With our new President in place, the Board's leadership will shift as well. After 36 years of service to the Foundation, Norman H. Volk will step down as Chair. We believe that the stability of the Board and executive leadership and our stewardship of the Foundation's considerable financial and reputational assets were instrumental in advancing the mission of the Foundation during the last three decades.

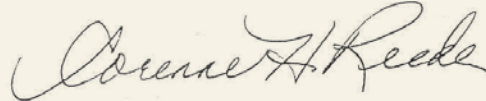
Mr. Volk will be succeeded by Margaret L. Wolff, who so ably led our recent search for a new President. Christopher T.H. Pell, current Chair of our Evaluation Committee,

will join Barbara Paul Robinson as co-Vice Chair of the Board of Trustees. The Foundation will provide more information on all of these changes as the year progresses and in our next Annual Report.

As always, we would like to express our deep appreciation to the entire Board of Trustees, staff, and grantees for their extraordinary support over the past year as we continue to work toward effecting critical practice and policy changes to improve the lives and health of older adults. It is only through their dedicated efforts that achievements in this field are possible.



NORMAN H. VOLK  
Chair of the Board



CORINNE H. RIEDER, EdD  
President



## IN CELEBRATION OF DR. CORINNE H. RIEDER

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*During 2014, Corinne H. Rieder, EdD, President of the John A. Hartford Foundation, announced her retirement after 19 years. A strong and collaborative leader, she established the Foundation's position as a major force in the field of aging and health, launching and sustaining a wide range of innovative approaches to improving the health of older Americans.*

*Dr. Rieder was the first woman to serve as executive director and then president of the Foundation. During her tenure, Hartford significantly expanded its efforts to build academic capacity in geriatrics throughout medicine, nursing, and social work, while also developing, testing, and disseminating models of excellent geriatric care.*

*Dr. Rieder also helped lead a cultural change at the Foundation, moving from a tradition of minimal external communication to more publicly promoting grantees and Hartford's work to share lessons learned with the field. Dr. Rieder has been a strong advocate of strategic planning and focused grantmaking and has advised many new foundations and those starting work in the aging field.*

*Among her lasting contributions will be her efforts to build collaborations with other funders in support of aging issues and the Foundation's exemplary grantees. For example, she built funding partnerships with the National Institute on Aging (NIA) to expand and continue several long-running programs supported by the Foundation, including the Paul B. Beeson Career Development Awards in Aging Research and the Medical Student Training in Aging Research (MSTAR) program, administered by the American Federation for Aging Research.*

*Dr. Rieder has been instrumental in making grants and initiating programs that put geriatrics expertise to work in all health care settings by advancing practice change and innovation; supporting team-based care through interdisciplinary education of all health care providers; and developing and disseminating new evidence-based models that deliver better, more cost-effective care.*

*Terry Fulmer, PhD, RN, FAAN, University Distinguished Professor and Dean of the Bouvé College of Health Sciences at Northeastern University, will succeed Dr. Rieder in May 2015 as the Foundation's new President.*

*In well-deserved recognition of her outstanding efforts to improve the lives of older Americans, Dr. Rieder was honored with the David H. Solomon Memorial Public Service Award by the American Geriatrics Society in May 2014. We will miss Dr. Rieder's leadership and wisdom, as well as her engaging and thoughtful presence at the Foundation, and we wish her all the best.*





(Standing, left to right) Lile R. Gibbons, Earl A. Samson III, Audrey A. McNiff, John R. Mach, Jr., MD, Christopher T. H. Pell, Charles A. Dana, Barbara Paul Robinson.  
(Seated, left to right) Elizabeth A. Palmer, John J. Curley, Kathryn D. Wriston, Margaret L. Wolff, Norman H. Volk. (Not photographed: John H. Allen)



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The John A. Hartford Foundation  
2014 Annual Report

Creating  
Change  
Every Day



The Hartford Change AGENTS Initiative celebrated the end of its first year in December 2014 with its inaugural annual conference in Philadelphia.





## Creating Change Every Day



The Hartford Change AGENTS Initiative celebrated the end of its first year in December 2014 with its inaugural annual conference in Philadelphia.



More than 160 Change AGENTS came together for an intensive day-and-a-half of interactive workshops, small group consultancies, an inspiring keynote address by Billions Institute co-founder Joe McCannon, updates from the Change AGENTS Networks, community building, networking, and much more. The conference highlighted how much progress has been made day by day throughout the year. The event energized and helped equip Change AGENTS with the knowledge and skills to continue creating sustainable, large-scale change each day in this and coming years.







# Transforming Care: A New Focus on Practice Change

Creating  
Change  
Every Day



WE ARE, as the U.S. Census Bureau titled a 2014 report, *An Aging Nation*.

The John A. Hartford Foundation could have written the headline decades ago. Starting in the 1980s, when forecasters clearly noted the aging demographics now in full force, the Foundation embarked on a strategy to support geriatric research, education, and dissemination of evidence-based models of care. The idea was to train a cadre of doctors, nurses, and social workers expert in the care of older adults. Thirty years later, we are proud to have played a role in the development of many faculty and researchers in the health professions. Students today continue to benefit because of our work embedding geriatrics content into the curricula of schools of medicine, nursing, and social work.

Complementing this effort to build academic capacity in geriatrics, the Foundation sought to develop and test models of care that deliver better outcomes and care at a lower cost—the types of models that would offer the quality of care older adults deserve. Clinics and systems across the country, for example, have adopted Collaborative Care, a Foundation-supported, team-based model formerly known as Project IMPACT, that delivers effective depression treatment for older patients in primary care settings. Another Foundation-backed program, the Care Transitions Intervention, has been shown to decrease unnecessary hospital readmissions by engaging community partners to coach older patients following discharge.

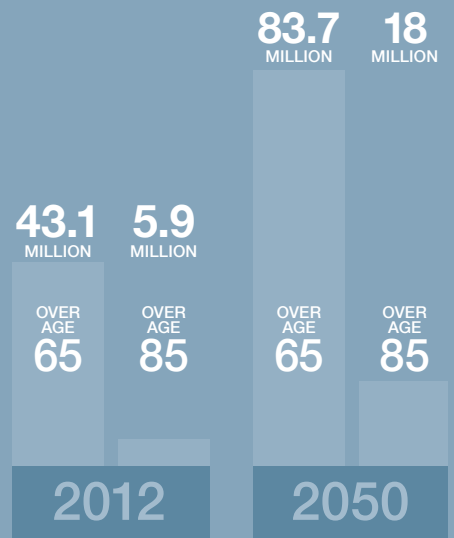
The enriched academic capacity in geriatrics and the successful models of care that the Foundation has helped nurture for 30 years represent important progress, but there is still much to be done.

The care of older adults with chronic conditions in our health care system today remains largely dysfunctional, taking a devastating toll in unnecessary human suffering and useless costs. Older adults still experience high rates of medical errors and adverse events due to low-quality, inept health care. Society as a whole also suffers. We pay for these high-cost, low-quality services through public programs, and we are deprived of the continuing contributions that older Americans could make if they received more appropriate care.





## Our Aging Population



Source: U.S. Census Bureau report, *An Aging Nation* 2014

## The Health Care Impact of Our Aging Population

Older adults account for a disproportionate share of health care treatment and costs, which makes delivering better care at lower costs essential to transforming our health care system.

Older adults account for:

**14%** of the U.S. population

**45%** of hospital occupancy

**37%** of surgical procedures

**26%** of physician office visits

**82%** of home health agency patients



### **If Not Now, When?**

In 2011, the leading edge of the “baby boom” cohort began turning 65 and the Foundation recognized that the context in which we were working had substantially changed. Our nation’s health care environment was more dynamic than ever. The Affordable Care Act was creating opportunities to fundamentally change the way health care was delivered to older Americans.

We undertook a rigorous review of our grantmaking strategies in light of the enormous challenges our society faces and developed a new strategic plan to guide our work.

While still firmly rooted in aging, our work has now shifted “downstream” from academic capacity building to creating the more immediate practice and policy changes needed to improve the delivery of care to older adults at a time when 10,000 people are turning 65 every day.

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“*You don’t have to spend much time with the elderly or those with terminal illness to see how often medicine fails the people it is supposed to help... Our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need. Lacking a coherent view of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers.*”

—Atul Gawande, from “Being Mortal”

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We acknowledge that some of the questions regarding how to improve care for older Americans do not have answers—at least not yet. The Foundation is willing to take on the challenging task of supporting programs and projects that show real potential to develop those answers, as well as to help spread care models that successfully demonstrate their effectiveness in reducing costs while improving outcomes for older Americans.

Our strategic planning process identified five interconnected grantmaking areas we believe are critical to transforming our nation’s health care for older adults. They are:

- *Interprofessional Leadership in Action.* This strategy seeks to amplify the impact of the thousands of geriatrically expert doctors, nurses, and social workers that the Foundation has supported over the past 30 years, as well as to support new leaders, enabling them to make widespread practice change.

- *Linking Education and Practice.* This portfolio focuses on training current practitioners in today's best care and building into education the skills needed for tomorrow's care.
- *Developing and Disseminating Models of Care.* We are supporting evidence-based innovations to improve health outcomes for older adults while lowering costs.
- *Tools and Measures for Quality Care.* Grants in this portfolio promote measures, standards, and health information technology that support appropriate care for older adults, particularly those with multiple chronic conditions and complex medical and social needs.
- *Policy and Communications.* We are working to advance the Foundation's nonpartisan mission and our grantees through communication, advocacy, and research that inform the development of effective health and aging policies.

You will learn more about each of these strategies and associated grant portfolios starting on page 16.

### **A Focus on Change, on Hartford Change AGEnts**

This annual report not only provides a description of each of the strategies noted above, but focuses on the Hartford Change AGEnts Initiative, the signature program of the Interprofessional Leadership in Action portfolio. This project, which completed its first full year in 2014, aims to engage and support all prior Foundation health and aging grantees to focus on making systemic, large-scale practice change in the care of older Americans.

We know only too well how our current health care system is failing older adults. We hear the litany whenever we talk with grantees, other geriatrics experts, or anyone who has encountered the health care system: medication mistakes, polypharmacy, under-treatment or over-treatment, the failure to plan, the lack of attention to patient and family goals of care, and so many more. Through the Hartford Change AGEnts Initiative, we are challenging ourselves and our grantees to address these issues and deliver on the promise of improved care for older Americans.

This won't be accomplished overnight. Creating real change requires a focused and sustained effort, day after day, 365 days a year. Our Hartford Change AGEnts, featured on pages 25 to 35, understand that and are committed to doing the hard work necessary to improve the lives of older adults and their families.



## Our Current Funding Strategies

As we worked through our strategic planning process, we realized that no single grantmaking approach would make the kind of impact needed to drive the large-scale, systemic practice change required to improve care for older Americans. The five funding portfolios we created represent a convergent approach to transform the way health care is delivered to older adults by developing and advancing the best evidence-based models that bring together interdisciplinary teams of health professionals; ensuring that patients and their families are an integral part of the health decision-making process; realigning incentives to reward value, not volume; and supporting policies, regulations, and a health care infrastructure that promote better care. On the pages that follow, you will learn more about the five interconnected grantmaking areas that support our mission:

- Interprofessional Leadership in Action
- Linking Education and Practice
- Developing and Disseminating Models of Care
- Tools and Measures for Quality Care
- Policy and Communications

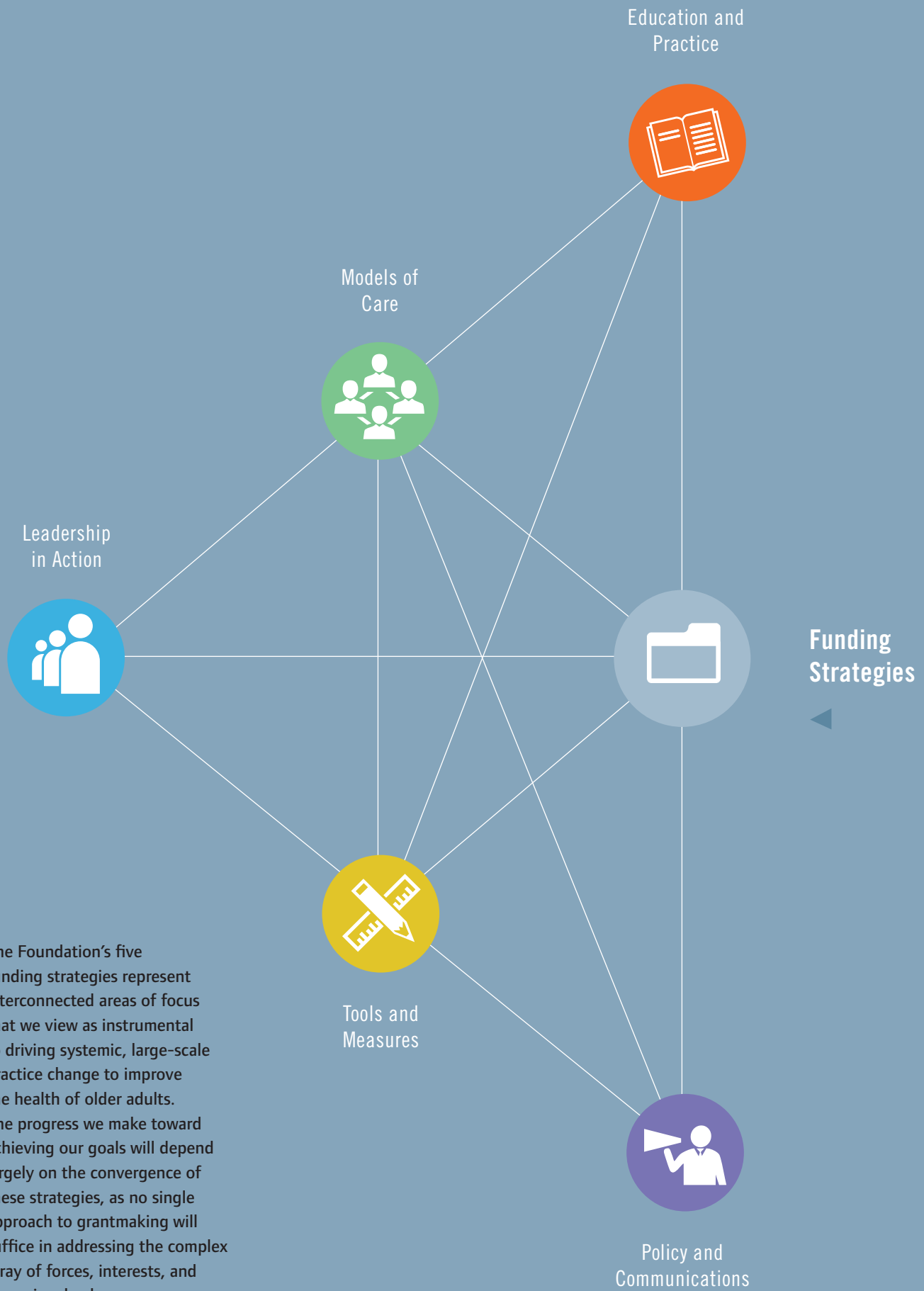


Funding  
Strategies









The Foundation's five funding strategies represent interconnected areas of focus that we view as instrumental to driving systemic, large-scale practice change to improve the health of older adults. The progress we make toward achieving our goals will depend largely on the convergence of these strategies, as no single approach to grantmaking will suffice in addressing the complex array of forces, interests, and issues involved.



## Interprofessional Leadership in Action



Leadership  
in Action

Our health care system is in a period of transformation. While much of the recent public conversation has been around insurance expansion through exchanges and Medicaid eligibility, the quieter and less politically controversial reality in the health care delivery system has been to increase focus on value rather than volume, to realize the promise of information technology, and to use our understanding of what drives high-cost and low-quality care in order to stop indulging ourselves in business as usual. In this fast-changing environment, we believe there are significant opportunities for geriatric expertise to catalyze change in the way health care is delivered to older adults.

The Interprofessional Leadership in Action portfolio will focus on three key areas: bridging disciplines, developing leadership skills, and driving practice and policy change. Grants in this portfolio will strengthen the experts in geriatric care that the Foundation has supported over the past 30 years, as well as emerging leaders poised to make change in a variety of clinical and community environments. We will arm these talented individuals with the tools, skills, resources, and opportunities they need to improve health care.

In the past, our grantmaking primarily supported discipline-specific efforts in medicine, nursing, and social work. Today's health care system challenges are complex and require interdisciplinary solutions. Grants in this portfolio, therefore, will deliberately bring interdisciplinary groups together to inspire connections and collaborative, team-based practice improvements.

The Hartford Change AGENTS Initiative (see page 22) is our signature program in this area, but leadership development is nothing new for the Foundation. Some of our other grants in the portfolio are expansions of our long-standing support for successful programs such as the Health and Aging Policy Fellows and Practice Change Leaders (see boxes).

We are connecting health professionals across disciplines and building their leadership skills because this core group of geriatrics experts are in the best position to drive the widespread practice and policy changes needed at the local, state, regional, and national levels. These changes will transform the care of older Americans.

Examples include:

### Health and Aging Policy Fellows Program

**Funding:** \$1.6 million over three years to the Research Foundation for Mental Hygiene, Inc.

**What It Does:** Supports an additional 44 fellows over three years to gain the experience and skills necessary to make a positive contribution to the development and implementation of health policies that improve the health of older Americans. Among the fellowship alumni, with their placements, are:

- Kathryn G. Kietzman, PhD, MSW, Legislative Fellow with U.S. Sen. Debbie Stabenow of Michigan;
- Diane E. Meier, MD, FACP, Health Subcommittee of the Senate HELP Committee;
- Eileen M. Sullivan-Marx, PhD, CRNP, FAAN, Senior Advisor to the CMS Medicare and Medicaid Coordinating Office; and
- Bruce Leff, MD, American Association of Homecare Physicians

**Partners:** The Atlantic Philanthropies, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Gerontological Society of America, the Veterans Health Administration.

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### Practice Change Leaders for Aging and Health

**Funding:** \$1.5 million over three years to the University of Colorado, Denver.

**What It Does:** Funds 30 fellows over three years, who are expected to directly or indirectly improve organization and delivery of health care to hundreds of thousands of older adults. Seeks to develop effective leaders who champion high-quality care and promote a prominent role for older adults in the care they receive.

**Partner:** The Atlantic Philanthropies



## Linking Education and Practice



### Education and Practice

During the past three decades, the Foundation invested \$341 million supporting the geriatrics education of physicians, nurses, and social workers by developing faculty and curriculum to address broad basic competencies. Now, we're focusing on new ways to connect education and training with improvements in the way care is delivered to older adults and their families.

With all of the changes happening in health care, it is imperative that our educational institutions are closely connected to the changing realities of practice on the ground. Right now huge investments are being made in reshaping health care delivery through new approaches to care funded by mechanisms such as accountable care organizations and patient-centered medical homes. However, it is just as important to re-educate current practitioners as it is to pay them differently if we are to achieve higher-quality, lower-cost care. While our hopes for improved care at a lower cost are pinned on better “coordination” of care between providers and settings, few of today’s practitioners had training in interprofessional, collaborative practice. That’s why we are supporting projects that foster an open, two-way relationship between educational leaders—who must share the latest knowledge and research with students and health care professionals in the field—and practitioners—who must inform educators about the needs of the rapidly growing older adult population with complex medical and social needs.

The Linking Education and Practice portfolio gives special preference to interdisciplinary projects that focus on two areas:

- Redesigning educational programs to keep pace with the evolving nature of care delivery, such as preparing health professionals to work together as effective team members and collaborators with colleagues in other disciplines.
- Supporting educational programs, including continuing education, that provide practitioners with additional geriatric knowledge and training in their specific practice setting.

Examples include:

### Supervisory Leaders in Aging

**Funding:** \$1,055,297 over three years to the National Association of Social Workers.

**What It Does:** Launches, implements, and sustains an advanced training program that equips social work supervisors with geriatric knowledge and supervisory skills needed to strengthen social work practice on the front lines of health care service delivery to older adults.

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### Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services

**Funding:** \$2,068,500 over three years to the Partners in Care Foundation, Inc.

**What It Does:** Develops two large-scale, prototype networks that link community-based, social service agencies to the health care sector, with the goal of establishing an integrated medical and social services delivery system that provides comprehensive, coordinated, and appropriate care to older people. This grant also seeks to build the business acumen needed in the new integrated care environment so the prototype sites can form their new knowledge and competencies into concrete products that can be shared with other social service agencies throughout the country.

**Partners:** Tufts Health Plan Foundation, Archstone Foundation, The SCAN Foundation, Health Foundation of South Florida, Health Foundation for Western and Central New York, and the Administration for Community Living.

## Developing and Disseminating Models of Care



Models of  
Care

Care for our nation's most vulnerable older adults currently is costly and perilous. The price tag for high rates of avoidable hospital readmissions for older adults is estimated to exceed \$17 billion annually. And the cost of care for older Americans through Medicare and Medicaid accounted for 36 percent of total health care spending in 2011. Meanwhile, more than 1.5 million adverse drug events occur each year, many due to preventable medication errors that are disproportionately occurring among older adults.

Since the 1990s, the Foundation has invested in the development, testing, and spread of effective and affordable models of care to address the obstacles that keep older Americans from getting the high-quality, cost-effective care they deserve. Our support of the Center to Advance Palliative Care has helped spread palliative care to two-thirds of our nation's hospitals. Several care models have been developed and disseminated, such as HomeMeds Medication Management, which uses technology to help frail older adults who live independently at home to manage their medications.

Under our new strategic direction, we continue to support innovative models of care, making it one of our top priorities.

We recognize that success will only be achieved through partnerships with philanthropy, health systems and government agencies, policymakers, providers, researchers, and older adults and their families. Working together, we aim to make evidence-based models that deliver quality care with better outcomes at a lower cost accessible to older Americans who need them.

- The Foundation will use what it has learned in its 30 years to speed the spread of proven models of care, whether developed with Foundation support or not.
- And, while the costs are high and the timeline can be long, we will support efforts to develop and test new models of care when they address urgent gaps in current care.

Examples include:

### **Mobile Acute Care Team Services: Outcomes and Dissemination of Hospital at Home in Fee-for-Service Medicare and Beyond**

**Funding:** \$1,612,922 over four years to the Icahn School of Medicine at Mount Sinai.

**What It Does:** Provides for more in-depth analysis in the evaluation of a \$9.6 million federal demonstration to test a version of Hospital at Home called the Mobile Acute Care Team, which brings hospital-level care for certain conditions into an older patient's own residence. Also supports development of technical assistance resources in anticipation of a successful demonstration.

**Partner:** The Center for Medicare and Medicaid Innovation.

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### **Strategic Investment: Doubling PHI's Impact on the Direct-Care Workforce to Improve Care for Elders**

**Funding:** \$1.6 million over four years to Paraprofessional Healthcare Institute (PHI), Inc.

**What It Does:** Supports a \$9 million "Philanthropic Equity" fundraising campaign that will enable PHI to improve the jobs of more than 200,000 direct-care workers—also known as aides or paraprofessionals who provide in-home care—per year, thereby improving care annually for at least 400,000 low-income older adults and people living with disabilities.

**Partners:** F.B. Heron Foundation, The Clark Foundation, Booth Ferris Foundation.

## Tools and Measures for Quality Care



Tools and  
Measures

Most standard quality measures in use today are not designed for—or even tested among—older adults; and most are overwhelmingly disease-specific. For the typical older adult with several chronic conditions, meeting standard “quality” metrics can be harmful and fail to make meeting the person’s and family’s goals and preferences the *sine qua non* of quality.

As pressure mounts to ensure that Medicare and others are paying for value, there has been a marked increase in the use of quality measures to help providers improve health outcomes while reducing the exorbitantly high costs of care. It is therefore essential that appropriate quality measures drive the provision of comprehensive, person-centered, and geriatrically expert care, rather than inadvertently encourage providers to offer what could actually be inappropriate or limited care. There is a clear need to create new measures and goals that reflect this definition of quality care.

Through this new portfolio, the Foundation will:

- Support the development of quality measures that reflect the outcomes that are important to older patients and their families;
- Help spread information technology tools that assist health professionals in delivering high-quality care to older adults; and
- Promote the adoption of standards of care appropriate for older, vulnerable adults with multiple chronic conditions.

By providing improved feedback on quality and clinical indicators to providers and health care organizations, quality measurement and information technology tools can directly drive improvements in clinical practice and patient outcomes. These measures and tools can enable health care stakeholders to benchmark themselves against peers, identify poor-performing units or practices, prioritize interventions, and track the progress of quality improvement initiatives.

Ultimately, we hope this work will improve the infrastructure for the delivery of quality care and support a truly team-based approach to health care delivery for older adults.

Examples include:

### **Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care**

**Funding:** \$415,422 over 18 months to National Committee for Quality Assurance.

**What It Does:** Supports the identification and examination of how well person-centered individual goals are represented in care plans in order to build evidence for establishing goal attainment as a feasible quality measure. This is the first phase in a process to create, validate, and implement geriatrically appropriate quality measures.

**Partner:** The SCAN Foundation.



## Policy and Communications



### Policy and Communications

Some of the most important determinants of the quality of care that older Americans receive can be found buried deep in federal Medicare regulations. From spending billions of dollars on quality and safety initiatives, to the testing of new health care delivery and payment models, to enacting codes and associated payments for such crucial areas as chronic care management, Medicare plays an important role in shaping health care for older adults. Whether in the media or in halls of government, the debate around Medicare reform—and other regulatory and legislative issues connected to health care for older adults—depends on accurate information, delivered powerfully and persuasively.

Policymakers and the public are often unaware of the dangers and failings that older people face or are far too accepting of a system that should be better. This new portfolio was created to advance the Foundation's non-partisan mission through policy and communications grants and activities that will create an environment that supports all of our other efforts to put geriatrics expertise to work.

The Policy and Communications portfolio includes funding for work such as:

- Communications activities that educate and inform the public, policymakers, and other influential stakeholder audiences about health and aging policy issues;
- Advocacy by organizations that will influence the design and implementation of federal and state health care policies that affect older adults;
- Projects that will influence regulatory change that improves health care for our aging society; and
- Limited research that produces data and evidence necessary to inform policy making.

We put our grantees at the forefront of this work, and we support organizations that have a track record of success in policy or communications. As with our other strategies, we focus on widespread impact through national or multi-state activities. We also partner with other foundations and advocacy organizations working on issues in aging and health who we believe can influence health care delivery and payment reform in ways that will improve health care for older adults.

Examples include:

#### National Health Policy Forum

**Funding:** \$900,000 over three years to George Washington University.

**What It Does:** Funds at least five events or reports for congressional and regulatory staff by the nonpartisan National Health Policy Forum during each year of the grant. The events and briefs focus largely on Medicare payment and service delivery reforms. Also supports a series of introductory health policy sessions for new congressional staff.

**Partners:** Robert Wood Johnson Foundation; The SCAN Foundation; The Kresge Foundation; The Atlantic Philanthropies; Blue Shield of California Foundation; W.K. Kellogg Foundation; The Josiah Macy, Jr. Foundation; California HealthCare Foundation; Kaiser Permanente; The Alliance of Community Health Plans; BlueCross BlueShield Association; Johnson & Johnson.

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#### High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases

**Funding:** \$879,465 to the Trustees of Dartmouth College

**What It Does:** Supports new analysis of combined Medicare, Medicaid, and nursing home data to examine care patterns and outcomes for high-cost older adults with multiple chronic conditions. Builds on and expands Dartmouth's extensive research infrastructure and will produce a Dartmouth Atlas report on geographic variation from the patient's perspective of care.

# Harnessing the Power of Hartford Change AGENTS

Creating  
Change  
Every Day



OVER THE PAST THREE DECADES, the Hartford Foundation has invested hundreds of millions of dollars in developing new generations of faculty and researchers with the skills, knowledge, and passion to improve the quality of care for older Americans. As the Foundation pursues its new strategic direction, we are directly building on this work with the Hartford Change AGENTS Initiative. This wide-ranging effort is focused on accelerating sustained practice change that improves the health of older Americans, their families, and communities. It deliberately seeks to harness the collective strengths, resources, and expertise of the Foundation's interprofessional community of more than 3,000 scholars, clinicians, and health system leaders.

Across the country, Change AGENTS are working to engage older adults and their families, along with other key stakeholders, in the design and implementation of evidence-based, high-value interventions, programs, services, and practices that make a real and sustainable, large-scale impact on the quality of care delivered to older Americans.

Launched in late 2013, the Change AGENTS Initiative is guided by a collaborative leadership team that includes Foundation staff; representatives from the Gerontological Society of America (GSA), which manages the initiative; SCP, a socially responsible communications consulting firm; and other leaders in the aging and health field, including Laura N. Gitlin, PhD, director of the Center for Innovative Care in Aging at the Johns Hopkins School of Nursing, and Nancy Whitelaw, PhD, a former GSA president.

(From left) Donald Berwick, former administrator of the Centers for Medicare and Medicaid Services, speaks to Hartford Trustees in Boston; members of the Hartford Change AGENTS leadership team. (Opposite page, from left) Gregg Warshaw, MD, networks with fellow Change AGENTS at the annual conference; and John Beilenson, president of SCP, leads a conference session.





### **Building the Community, Launching Networks**

One core strategy of the Change AGENTS Initiative is to build a vibrant Change AGENTS Community. We know that any true practice change requires a team effort that draws on the perspectives, experiences, and best thinking of health professionals across disciplines. During the first year of the program, we have intentionally sought to bring together Hartford physicians, nurses, social workers, health system leaders, and others so they can collaborate in a variety of ways.

Alumni of many Hartford Foundation programs have gathered at interprofessional training institutes on policy and communications and through a series of skills and informational webinars. They have collaborated on grant applications for the program's one-year, \$10,000 Action Awards or through "cross-listed," practice change-focused awards made in partnership with efforts funded under Hartford's previous grantmaking strategy, most notably the Paul Beeson Scholars program, the Hartford Centers of Excellence in Geriatric Medicine, and the Hartford Geriatric Social Work Initiative. They have also found a virtual town square/workspace in the Change AGENTS online platform (found at [ChangeAGENTS365.org](http://ChangeAGENTS365.org)). This standalone social network offers a searchable database of members, a forum to share ideas and information, opportunities for mentoring, and the ability to create Action Communities to address topics from health technology to delirium prevention.



The Change AGENTS Networks draw from the broader AGENTS community. These small, interprofessional workgroups focus on specific practice change challenges and capitalize on members' expertise, experiences, and extensive connections to organizations and individuals. Drawing on the inspiration of the MacArthur Foundation's many successful networks, we started with two networks to test the concept: one is working to advance family caregiving for older adults with dementia (see page 26 – A Bridge to Better Lives for Family Caregivers), while the other aims to transform primary care patient-centered medical homes so they ultimately improve outcomes for older adults and their caregivers.



If these networks and the concept proves itself, we will look for networks to jell from the membership and win support to address other vital challenges.

In December 2014, the initiative marked the end of its first year with an intensive, day-and-a-half conference that brought together more than 160 Change AGEnts in Philadelphia. Highlights included:

- An inspiring keynote address on how to make transformational change by Joe McCannon, co-founder of the Billions Institute who previously led the Institute for Healthcare Improvement's 100,000 Lives campaign and served as senior advisor within the Centers for Medicare and Medicaid Services;
- A total of nine informative, interactive workshops where Change AGEnts engaged with presenters and each other on such topics as making the business case for geriatrics, developing policy advocacy skills, creating value propositions, and using storytelling and social media to create change;
- Small group consultancies on practice and policy change; and
- A special address by Norman Volk, Chair of the Foundation's Board of Trustees.

Looking ahead, the Change AGEnts Initiative will continue to seek ways to drive widespread and systemic practice change. We trust that the connections forged during 2014 will lead to new and exciting projects to improve the delivery of care for older adults and their families. On the pages that follow, you'll read about people and projects that represent only a small sample of the important work being done in each of our five strategic funding portfolios.

Meet just a few of our Hartford Change AGEnts.



## Hartford Change AGEnts in Action

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Leadership  
in Action

## Change AGEnts in Action

The Hartford Change AGEnts Initiative  
Dementia Caregiving Network Co-Chairs:  
Alan B. Stevens, PhD, and Nancy L.  
Wilson, LMSW

### A Bridge to Better Lives for Family Caregivers

The Hartford Change AGEnts Dementia Caregiving Network aims to serve as a bridge between evidence-based programs and care practices and people with dementia and their family caregivers.

The network, which has brought together a multi-sector, interdisciplinary team of leaders with expertise in practice, policy, and research related to caregiving and dementia, is one of the first two small, interprofessional workgroups created under the Change AGEnts Initiative to accelerate systemic practice change to address specific complex challenges in the care of older adults.

Co-chaired by Alan B. Stevens, PhD, the Centennial Chair in Gerontology at Baylor Scott & White Health and professor at the Texas A&M University Health Science Center, and Nancy L. Wilson, LMSW, of the Baylor College of Medicine and the Center for Innovations in Quality, Effectiveness and Safety at the Michael E. DeBakey VA Medical Center, the network's mission is to achieve improvements in services, supports, and care for those with dementia and their family caregivers.

"We know the hardships of dementia caregiving and we know a great deal about what works to address the needs of caregivers," Dr. Stevens says. "But we have a mismatch between caregivers' needs, what they tell us they want, and a care delivery system that isn't equipped to address their needs and desires. That's why we envision the network as a conduit or bridge between how we provide care now and what caregivers are telling us they need and want."

As the Network works to achieve improvements in services, supports, and care for persons with dementia and their family caregivers, we envision advancing quality care in more settings like the Day Center of Sheltering Arms Senior Services, a division of Neighborhood Centers, Inc. in Houston, TX.



Wilson adds, "What the Dementia Caregiving Network allows us to do is to have a lot of the right people around the table discussing how we can put together what we know works in a way that might be more successfully used in different contexts."

Members (see sidebar) meet in person and over the phone to create a strategic agenda for practice change in different domains, including policy and health care delivery. They also collaborate closely with the other currently active Change AGEnts Network, which is focused on patient-centered medical homes, as well as with the initiative's leadership team and broader community.





### Taking Action

As a result of its discussions, the Dementia Caregiving Network has already launched two Action Projects to address topics considered critical to practice change.

One involves cataloging evidence-based approaches that address the needs of family caregivers by characteristics that are important to providers and payer organizations, as well as to family caregivers. The goal is to create “community-friendly” tools and evidence-informed materials, such as a searchable website, to help providers and family caregivers make decisions on which evidence-based programs and care practices to offer, pay for, and use.

The other Action Project involves working to embed reliable and culturally sensitive tools to assist in identifying family members at the initial stage of an older person’s dementia care so they can be linked to needed support services sooner. Some caregivers experience health risks that include high levels of stress, depression, neglect of personal health care, and substance abuse, among other problems. This Action Project will work to identify those caregivers who are at risk of negative outcomes while making sure that family caregivers have access to education and support services.

“Very often, the health of the caregiver is a determining factor if the loved one

can remain in the home rather than institutional care,” says Dr. Stevens. “If the caregiver is healthy, emotionally and physically, and wants to continue in the caregiver role, then we should maximize their ability to do that because it’s the best thing for the caregiver and recipient and reduces the need for long-term care. It’s a win, win, win, all across the board.”

Wilson says she is optimistic that the diverse backgrounds and expertise of the Network members will result in developing solutions that work for many family caregivers in different situations.

“We have people working in a range of health care organizations with different financing models and different opportunities to apply what we’re working on,” she says. “That creates more opportunities to produce tools and models that may have value to different audiences, as opposed to just looking at something that’s a one-size-fits-all kind of approach.”

### Change AGEnts Dementia Caregiving Network Members

The other members of the Dementia Caregiving Network are:

- David M. Bass, PhD  
Benjamin Rose Institute on Aging
- Christopher Callahan, MD  
Indiana University
- Debra L. Cherry, PhD  
Alzheimer’s Association,  
California Southland Chapter
- Amy Cotton, MSN, GNP, FNP, FAAN  
Eastern Maine Healthcare Systems
- Gary Epstein-Lubow, MD  
Brown University
- Joseph E. Gaugler, PhD  
University of Minnesota
- Laura N. Gitlin, PhD  
Johns Hopkins University  
Schools of Nursing and Medicine
- Lisa Gwyther, MSW, LCSW  
Duke University School of Medicine
- Katie Maslow, MSW  
Institute of Medicine



Education and  
Practice

Mercedes Bern-Klug, PhD, MSW

### Honoring the Wishes of Nursing Home Residents

Making sure that the wishes of nursing home residents are respected regarding health decisions has been a focus of Dr. Mercedes Bern-Klug's career, especially as it relates to end-of-life decisions.

When the Iowa Legislature enacted a law in 2012 that seemed simple and straightforward, Dr. Bern-Klug understood that it would be challenging to implement across the health system. The law created the Iowa Physician Orders for Scope of Treatment, known as IPOST, a double-sided, one-page, salmon-colored document that permits frail, older adults to clearly declare their preferences for such key life-sustaining treatments as CPR and feeding tubes.

The document, says Dr. Bern-Klug, PhD, MSW, associate professor at the University of Iowa School of Social Work and director of the University of Iowa Aging Studies Program, is a medical order, "like a prescription for what to do or not do," that physically stays with a person wherever he or she goes within the health care system, from home to ambulance to hospital, from nursing home to hospice.

Dr. Bern-Klug, whose research focuses on nursing homes, as well as palliative care and end-of-life issues, had already been working with Jane Dohrmann, MSW, a social worker with Iowa City Hospice, on a separate county-wide, advanced care

planning initiative. And Dohrmann had been working with Nicole Peterson, DNP, ARNP, of the University of Iowa Hartford Center for Gerontological Nursing Excellence, who did her doctoral research project on how one local nursing home was trying to implement the new IPOST law.

One of the things Peterson discovered was that training select nursing home staffers changed very little because the infrastructure in the nursing home was not set up to implement the new law.

"A nursing home is a very complicated system with a lot of moving parts. Even if you train two people on this new document, those two people might not be working when somebody has a cardiac event in the middle of the night or on a weekend," Dr. Bern-Klug says. "So it was very clear you need to go in and make some system changes."

It was also very clear to all three that they needed an interdisciplinary team that brought together social work and nursing to make those changes. The first round of Hartford Change AGEnts Action Awards provided the funding to make that possible.

"The stars sort of lined up," says Dr. Bern-Klug, who participated in the Hartford Geriatric Social Work Doctoral Fellows Program as well as the Hartford Geriatric Social Work Faculty Scholars Program. "The three of us got together around the opportunity for the Hartford award. We each would have done our own thing anyway, but we wouldn't have done it together."

The team of Nicole Peterson, Mercedes Bern-Klug, and Jane Dohrmann (below) at the Change AGEnts conference and (opposite page) at Lantern Park Nursing & Rehab Center, where they meet monthly with nurses and social workers to help them understand how best to use the IPOST form.





As part of the first cohort of nine Change AGENTS Action Award winners, the team of Dr. Bern-Klug, Dohrmann, and Peterson are working with two Iowa nursing homes to understand how best to use the IPOST form.

“We’re helping them provide training for their own staff members,” Dr. Bern-Klug says. “We’re not going to come in as the outside experts. We want these nursing homes to have that expertise, so we’re working very intensively with nurses and social workers who are then training their staff and making education available to families.”

While the pilot project supported by the Action Award deals with a specific state law regarding end-of-life care, it can serve as an incubator to develop other ways that nursing homes can ensure that the wishes of older adults and their families regarding end-of-life decisions are respected.

“The big picture is, are people getting the ‘best for them’ care?” Dr. Bern-Klug says. “Is the type of care that the health care system is providing to this one person

congruent with what this one person needs or wants? That’s one measure of quality of care: Are people getting what they want?”

When it comes to end-of-life care, patients, their families, and health providers often face difficult and complicated decisions—especially if the patient is unable to express his or her own choices. The benefits of advance planning reverberate throughout the system.

“If we can pair people with the kind of care they want, that’s good at the individual level, that’s good at the family level, that’s good at the organizational level, and it’s good at the financing level. There are many people who are getting care that they don’t want, and that’s not a good use of limited dollars,” she says.

“It’s not about depriving people of care that they want. Absolutely not. When there’s a clear game plan that everybody has had a chance to weigh in on and agrees with, then things are much more likely to happen. And people are less likely to look back with regret.”





## Change AGEnts in Action

Sandra Spoelstra, PhD, RN

### A Model CAPABLE of Creating Lasting Change

Supported by a \$10,000 Hartford Change AGEnts Action Award, a small pilot program to provide team-based home care and home repair services to a handful of people in Saginaw, Michigan, has blossomed into a larger effort to help 270 of the state's most vulnerable older adults in three cities stay in their homes and communities, potentially leading to statewide spread.

Sandra Spoelstra, PhD, RN—co-leader of the MiCAPABLE program along with fellow Hartford grantee Sarah Szanton, PhD, ANP—leveraged the initial support from Hartford to first gain a \$10,000 matching grant from the state of Michigan, and then to help win a prestigious \$600,000 Innovations in Care Award from the Rita & Alex Hillman Foundation, which also was matched by a \$600,000 grant from the state.

“We reviewed more than 260 different Innovations in Care applications,” notes Ahrin Mishan, executive director at the Rita & Alex Hillman Foundation. “The MiCAPABLE program stood out as a nurse-led innovation that will improve the care of a group of vulnerable older adults. We were pleased to augment the Hartford Action Award and help to broaden the impact of this promising model.”

Beyond the Action Award, the MiCAPABLE program has also benefited from other parts of the Change AGEnts Initiative. Dr. Spoelstra was instrumental in starting a collaborative, interdisciplinary Change AGEnts group that comes together for monthly conference calls to discuss how best to translate scientific materials into the real world setting. “There’s a big barrier there. Scientists and clinicians talk different languages,” she says.

And she was also able to share information and get different perspectives from colleagues across disciplines at the first



Models of  
Care



Sandra Spoelstra (above) meets with one of the 20 older adults dually eligible for Medicare and Medicaid involved in the MiCAPABLE pilot program in Saginaw, MI, funded by a Change AGEnts Action Award and a match by the state.



annual Change AGEnts conference in Philadelphia in December 2014.

#### From CAPABLE to MiCAPABLE

The original CAPABLE program, on which MiCAPABLE is modeled, was launched by Dr. Sarah Szanton and her team of investigators including Dr. Laura N. Gitlin, occupational therapists, and nurses at the Johns Hopkins School of Nursing. Dr. Spoelstra had followed Dr. Gitlin's foundational work and Dr. Szanton's adaptation of that work over the years. When Dr. Spoelstra received a Hartford fellowship to attend the Johns Hopkins Summer Research Institute for Developing and Advancing Behavioral Interventions in 2013, she realized that the intervention could be brought to Michigan.

Where the original CAPABLE program involved nurses and occupational therapists, the MiCAPABLE program has



added social workers to the mix. Older adults participating in the program receive 12 weeks of home visits from a team that includes a registered nurse, a social worker, and an occupational therapist, to ensure that health needs are met, and a handyman, to accommodate the home to the needs of an aging adult. The team's work might include activities like training to help avoid falls and the installation of bathroom grab bars and other home modifications.

#### Using the Best Evidence

Michigan's Medicaid waiver program for home and community-based services supports people coping with a range of daunting issues—medical, economic, social, physical, emotional, and others—as they strive to live at home instead of in a nursing home. The average age of those in the waiver program is 78. The average number of medications taken by the older

adults in the population is a staggering 17. (Dr. Spoelstra recalls one older man who was on 42 different medications when he started the program.) The average fall rate—one of the most significant risks to maintaining independence—is 35 percent. And these frail elders are living at less than 300 percent of the poverty level.

While Michigan's waiver program offers a package of 19 wraparound services that includes snow shoveling, personal care, meals on wheels, and adult day care, Dr. Spoelstra says the program was not “using the best evidence possible. They want to, it's just that they've never had anyone collect it and figure out how to deliver it in a meaningful manner that was useful to the staff and the participants.”

Currently, the one-year pilot program in Saginaw funded by the Hartford Change AGents Action Award and a \$10,000 match by the state of Michigan serves

20 older adults who are dually eligible for Medicare and Medicaid. With the infusion of funding from the Rita & Alex Hillman Foundation and the state of Michigan, the program will expand to two new sites—Detroit and Flint.

Dr. Spoelstra credits the “100 percent engagement” of Elizabeth Gallagher, manager of the Michigan Department of Community Health's home and community-based services section, with helping to advance MiCAPABLE. When the three-year Rita & Alex Hillman Foundation grant ends, the state has committed to embedding the intervention within state policy for the Medicaid waiver program, she adds.

“So it has significant policy implications in addition to improving the quality of life of our most vulnerable citizens, as well as saving money,” Dr. Spoelstra says.





Tools and  
Measures

Zara Cooper, MD

### Cognitive Screening To Help Mitigate Post-Op Delirium

A standard memory test commonly used in geriatrics practice involves asking patients to remember three objects and draw a clock. Thanks to a Hartford Change AGEnts Action Award, surgeons at Brigham and Women's Hospital in Boston are now learning if results from this exam can help mitigate the risks among older patients for developing post-operative delirium, a sudden, dangerous, and often frightening state of confusion that is associated with increased risk of mortality and poor outcomes.

Specifically, the Action Award is supporting the development of a training video that teaches clinicians how to administer the exam, the collection of data on how much time it adds to the pre-op visit, and the documenting and measuring of how well it works.

"We want to better understand how we can implement this as part of our workflow," says Zara Cooper, MD, the surgeon and Hartford Change AGEnt leading the project who works in the hospital's trauma, burns and surgical critical care division.

The Action Award project builds off a pilot study initiated by Deborah Culley, MD, an anesthesiologist at Brigham and Women's who—like Dr. Cooper—is a former recipient of a Dennis W. Jahnigen Career Development Award. Dr. Culley found that 22 percent of geriatric patients who were given a brief cognitive screening test during their pre-op visit had unrecognized cognitive deficits. The finding is significant, Dr. Cooper says, because cognitive impairment in older patients "means they are at risk for delirium, which is associated with [bad] post-op outcomes."

"Right now, we're using it as a screening tool for delirium, much in the same way the cardiac stress test is a screening tool for myocardial infarctions," she says. "It doesn't mean you'll have one, but it may mean you're at high risk, and we need to look at what we can do to mitigate your risk."

Under another pilot program separate from the Action Award grant, a patient identified with cognitive impairment can meet with a geriatrician to develop strategies to reduce the risk of post-op delirium, Dr. Cooper says. This may include monitoring medications, changing the frequency that vital signs are checked, and avoiding putting the patient in the intensive care unit, which has been found to increase the risk of post-op delirium.

#### Seeing Hundreds of Patients a Day

As a surgeon who, by her own admission, "went into trauma to do the kind of heroic operative interventions for young people who've been shot," Dr. Cooper may not seem the most likely person to lead the implementation of a geriatrics intervention. But about 50 percent of trauma admissions at Brigham and Women's are patients over age 65, many of whom are there as the result of falls, she says.

And in addition to being board certified in surgery and surgery critical care, Dr. Cooper became certified in hospice and palliative medicine in 2012 "because I deal with a lot of patients who have very serious illnesses and are at a high risk of death."

"My interest in geriatrics, my experience as a Hartford awardee, and my prior and ongoing collaborations with this team are what led me to spearhead this," Dr. Cooper says. "Also, I did a prior study in the pre-op testing center for advance care planning, so I had experience conducting studies in that setting."





It is not an easy place to do research on practice improvement. Some 25,000 patients go through the pre-op testing center each year at the Weiner Center for Preoperative Evaluation. "Because of our high volume, we see hundreds of patients a day so we can't really prolong that visit too much," Dr. Cooper says.

In addition to Dr. Cooper, the team working on the Action Award grant includes Dr. Culley; Houman Javedan, MD, a Hartford Center of Excellence in Geriatric Medicine and Training scholar who is director of inpatient geriatrics at Brigham and Women's; and Angela Bader, MD, MPH, director of the Weiner Center.



(Opposite page) Hartford Change AGent Zara Cooper, MD, a surgeon at Brigham and Women's Hospital's trauma, burns, and surgical critical care division.

(Left) The brief Mini-Cog test is used in the Brigham and Women's pre-op testing center to screen for unrecognized cognitive impairment that could place a patient at risk for post-operative delirium. First, a patient is asked to remember three unrelated words from a list validated in a clinical study. The patient is asked to repeat the words to ensure that she or he heard them correctly.

The patient is then asked to draw the face of a clock on a sheet of paper with a large circle, filling in the numbers in the proper positions. Next, the patient is asked to draw hands on the clock for a specific time. Afterward, the patient is asked to recall the three words they were given initially. The results are then tabulated. One to two recalled words plus an abnormal clock drawing or zero recalled words is a sign of cognitive impairment at the time of the test. Further assessment may be deemed necessary.



## Change AGENTS in Action

Community Catalyst  
Renée Markus Hodin, Carol Regan,  
and Gregg Warshaw, MD

### Making the Voices of Older Americans Heard in Health Policy

As a geriatrician, Gregg Warshaw, MD, has watched with mounting frustration as older adults are bounced back and forth between nursing homes and hospitals—decisions often driven by the different financial models used by Medicare and Medicaid.

“It’s just not possible to provide good care with this fragmented system without huge effort,” Dr. Warshaw says. “We need to find a simpler way to manage the care of these patients that is more effective and more efficient.”

A former president of the American Geriatrics Society and former project leader for the Hartford-funded Geriatrics Workforce Policy Studies Center, Dr. Warshaw is now working with Community Catalyst, a national, nonprofit health care advocacy organization, to realize this goal.

Through its Hartford-supported Voices for Better Health project, Community



Policy and  
Communications



(Above) Renée Markus Hodin, Project Director of Voices for Better Health. (Right) Geriatrician Gregg Warshaw, MD, examines a patient at DuBose Health Center at The Cedars, a retirement community outside Chapel Hill, NC.





Catalyst is working to ensure that the demonstration projects provide person-centered integrated care for people eligible for both Medicare and Medicaid in five states: Michigan, New York, Rhode Island, Washington, and Ohio. The Hartford Foundation's support leverages an initial investment from The Atlantic Philanthropies aimed at bringing consumer perspective to efforts to improve care for this vulnerable population.

"We're supporting coalitions of health care advocates, including disability and senior organizations, to lend a consumer voice on the development and then implementation

of the redesign of care," says Renée Markus Hodin, Project Director of Voices for Better Health. "We're trying to make sure the consumer voice is there—credible, visible, and able to go toe-to-toe with other stakeholders who are usually better funded and organized."

Older adults represent approximately 60 percent of the dual eligible population and tend to be frailer and sicker than most Medicare beneficiaries. Hartford's support is aimed at ensuring the demonstrations make use of geriatrics expertise and best practices in order to improve the quality of life for older adult dual eligibles.

Carol Regan, Senior Advisor to Community Catalyst, said: "A lot of our work is based in education and advocacy to get policymakers, health care plans, providers, and other consumer advocates to understand the importance of addressing geriatric care specifically."

#### **Adding Geriatrics Perspective to Advocacy**

Dr. Warshaw, who directed the geriatric medicine program at the University of Cincinnati's College of Medicine, is serving as a senior advisor to Voices for Better Health and worked with the Universal Health Care Action Network (UHCAN) Ohio to bring geriatrics expertise into the dual eligible demonstration project there before his recent move to North Carolina.

It was Ohio's decision in 2012 to apply for the demonstration funded by the Centers for Medicare and Medicaid Services that led Dr. Warshaw to seek the skills and tools he believed he needed to influence public policy and be an effective advocate. He applied to the Health and Aging Policy Fellows program and was accepted, spending part of his fellowship working with Hodin, Regan, and UHCAN Ohio leaders.

"I really felt they were so far ahead of me in understanding the demonstration as well as understanding how we might have some influence on it that I would

do nothing but gain by partnering with them," Dr. Warshaw says. "And I've been fortunate that they felt there was something they had to gain by partnering with me. What we've learned is that the geriatrics perspective and clinical experience does add something to our advocacy."

Regan says the Hartford funding has made it possible for Community Catalyst to enlist geriatric providers—mainly physicians, but also nurses, and increasingly, social workers—in each of the five states to work with the state coalitions.

"My main job has been talking to doctors about it, as well as talking with other organizations about the best ways to work with doctors to make the project successful," Dr. Warshaw says. "A lot of my work has been trying to explain what the potential benefits are of integrated financing for the care of frail older people with Medicare and Medicaid. It's not always obvious to everybody why that's important and what it can offer. But having worked in this area for so long, I understand why it's important."

All three have taken an active role in the Hartford Change AGENTS Initiative. Dr. Warshaw and Hodin attended the first annual Change AGENTS Conference in Philadelphia in December 2014. Hodin joined Hartford Senior Program Officer Amy Berman in presenting at the conference on how to use traditional media and social media to build support for better care for older adults and their families.

The ability to network with the Change AGENTS has proven especially valuable; Community Catalyst has already expanded connections to geriatric social workers to support advocacy efforts.

"We're getting as much as we give," Hodin says.





## The Road to Transformation

THE HARTFORD CHANGE AGENTS INITIATIVE, like most of the investments in the Foundation's new strategic direction, has only just begun. We are inspired by the energy and creativity of the Change AGENTS featured here, as well as by their colleague AGENTS around the country—all of whom are engaged in the hard work of improving health care delivery through redesign or policy reform 365 days a year. Of course, there is much work to be accomplished in our rapidly changing health care environment. And while clear-eyed about the challenges before us, we remain optimistic about the opportunities that continue to arise.

Most of the public debate about health care during the last five years has centered on the Affordable Care Act's individual mandate, the state and federal health insurance exchanges, and Medicaid expansion. Inside health systems, there has been a parallel discussion around how to transform the way care is delivered so it generates greater value for patients, for health care organizations, and for our society. This conversation—and the innovation that it drives—is, at its core, about the needs of an aging patient population and creates increased urgency for our work.

Even if we are successful in implementing more effective preventative care and improved management of chronic conditions, older adults are and will remain an enormous part of the high-cost, non-preventable demand for health care. In providing care for this population, our health system has been on a kind of auto-pilot, delivering procedures and drugs because it can to individuals who, if engaged thoughtfully, may not want or even need them. The system has been built on a set of assumptions and incentives that can make it hard to support the right kind of care. We remain underinvested in things like in-home supports and palliative care services that meet many older adults where they are. We need to reshape the health care system to take care of a growing patient population that will not be cured, but needs critically important care that will help its members continue to lead meaningful and productive lives.

The good news is that the aging community (including the thousands of leaders the Foundation has invested in during the last three decades) has been developing tools and interventions that can help. We know a lot about how to provide care to older adults that is more cost effective, higher quality, and person-centered. Our network knows how to structure the higher touch, lower tech, geriatrically expert care that patients want, but that health organizations and systems are only now figuring out how to deliver.

Creating  
Change  
Every Day



In the chaos and excitement of health care delivery redesign today, there is tremendous space, even demand, for experimentation. There is an appetite for geriatrics expertise that didn't exist just a few years ago.

And just as systems are starting to change, so must we. Geriatrics has been a predominantly academic (as opposed to a clinical) discipline. This means we have faculty to prepare the next generation of clinicians, and we have a talented cadre of researchers. It also means that in order to respond to the needs of older people in health systems and communities, many in geriatrics will have to develop a much deeper interest in large-scale practice and policy change. This will require a certain boldness, and a tolerance—even an appetite—for risk.

Looking forward, the Foundation will continue to rally our network and like-minded partners toward these new roles, providing encouragement, support, and, of course, funding. We would like to expand the number of Change AGENTS who have heard the call to lead in this more applied way, helping to arm committed leaders with new skills and approaches to drive the process of health care delivery redesign. Our field does not have large numbers of people, so we need geriatrics experts to have the “strength of ten,” wherever they work.

We fully expect that this new leadership will both contribute to and benefit from the results of our other strategies. Developing good models of care that are the core of redesign efforts, identifying the right quality metrics and health information technologies to deliver care that older people really want and need, expanding educational opportunities that enhance practice, and formulating and advocating for public policies that promote better care is the substantive work we hope our leaders will undertake with us.

We should remember, this is about providing the best possible health care for our parents and our grandparents (and ultimately for all of us). It is about creating care that is comprehensive, continuous, and well-coordinated, care that balances the medical and social needs of patients, care that reflects the best geriatrics knowledge we have. Fundamentally, we are active participants in a societal shift that recognizes our changing demographics and seeks to respond, not out of a sense of crisis, but because it is the right thing to do.

We believe this is the road to health care transformation. For the John A. Hartford Foundation, this is our map every day and for years to come.

## 2014 Aging and Health Grants

*In 2014, the John A. Hartford Foundation awarded 13 new grants under its Aging and Health program representing \$10.9 million in new commitments. Authorizations for new programs or large renewal grants are described here. The Foundation made \$18.9 million in payments to existing grants in 2014. A Summary of Active Grants can be found on pages 40-46.*

### **Grantmakers in Aging**

Arlington, VA

*GIA Core Support Renewal: Engaging, Educating, and Convening*

John Feather, PhD

\$275,000, Three Years

### **Rockefeller Archive Center**

Sleepy Hollow, NY

*Archiving of the Hartford Foundation's Historical Grant Documents*

Margaret A. Hogan

\$510,760, Four Years

### **Institute of Medicine of the National Academies**

Washington, DC

*Study of Family Caregiving and Support Services for Older Adults*

Jill Eden, MBA, MPH

\$400,000, 22 months

### **Mount Sinai Medical Center, Inc.**

New York, NY

*Mobile Acute Care Team Services: Outcomes and Dissemination of Hospital at Home in Fee-for-Service Medicare and Beyond*

Albert L. Siu, MD, MSPH

\$1,612,922, Four Years

### **Philanthropy New York, Inc.**

New York, NY

*The Fund for 2025*

Ronna D. Brown

\$200,000, One Year

### **Mount Sinai Medical Center, Inc.**

New York, NY

*The Center to Advance Palliative Care (CAPC): Transformation Business Plan*

Diane E. Meier, MD

\$2,000,000, Five Years

### **Gerontological Society of America**

Washington, DC

*Study of Family Caregiving and Support Services for Older Adults*

Linda Krogh Harootyan, MSW

\$130,000, Two Years

### **Research Center for Mental Hygiene, Inc.**

Menands, NY

*Health and Aging Policy Fellows Program*

Harold Alan Pincus, MD

\$1,600,000, Four Years

### **The NASW Foundation, Inc.**

Washington, DC

*Gerontological Social Work Supervisors Program*

Joan Levy Zlotnik, PhD, MSSW

\$1,055,297, Three Years

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### **Foundation-Administered Grant**

#### **Strategic Communications & Planning**

Wayne, PA

*Hartford's Communications and Dissemination Initiative Renewal*

John Beilenson

\$1,951,320, Three Years

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### **Social Innovation Fund: Healthy Futures/ Impact Expansion Subgrantees**

#### **Bighorn Valley Health Center, Inc.**

Hardin, MT

Earl Sutherland, PhD

\$329,876, Three Years

#### **Butte Silver Bow Primary Health Care Clinic, Inc. dba Southwest Montana Community Health Ctr.**

Butte, MT

Dawn English

\$301,113, Three Years

#### **Kodiak Area Native Association**

Kodiak, AK

Tammy L. Hansen

\$579,861, Three Years



## Financial Summary

The Foundation's investment portfolio had appreciated to approximately \$560 million at the end of 2014. Spending for grants, administrative expenses, and taxes totaled \$24 million. Total return on the investments, income plus realized and unrealized capital gains, was about 6 percent. Audited financial statements were not completed in time for this printing, but will be available on the Foundation's website.

The Foundation's investment objective continues to be securing maximum long-term total return on its investment portfolio in order to maintain a strong grants program, while assuring consistent growth of its assets at a level greater than the rate of inflation. We are pleased that the Foundation was able to preserve and enhance the real value of its endowment over the past 27 years; the portfolio delivered a 9.0 percent return per annum, while spending over \$810 million in today's dollars for grants and expenses during this period of time.

During 2014, there was a wide dispersion in returns across capital markets. It was another strong year for U.S. equities, with the S&P 500 advancing 13.7 percent, which marked its sixth consecutive year of gains. However, international stocks did not fare as well as their U.S. counterparts; emerging markets' equity rose slightly for the year, but developed markets' equities retreated. Credit markets delivered mixed results during the year; the broad U.S. bond market returned 6.0 percent, high-yield bonds gained 2.5 percent, while the local emerging market debt declined 5.7 percent. Hedge funds as a group, represented by HFRI Weighted Composite index, had a modest return of 3 percent.

As a result, the diversified portfolio's 2014 performance, while continuing to benefit from the solid performance of U.S. equities, private equity, and real estate holdings, only slightly outpaced the inflation plus spending rate in 2014.

In order to best meet its fiduciary obligation, the Foundation has outsourced its investment management function since the beginning of 2009. Goldman Sachs, the Foundation's current investment advisor, has collaborated closely with the Foundation to redesign its asset allocation guidelines and implement portfolio changes by employing both passive and active strategies since August 2012. The current portfolio remains liquid and well-diversified, providing it with the ability to capitalize on investment opportunities as well as to better weather market turbulence in the future.

At year-end 2014, the liquid portion of the portfolio was in close alignment with the long-term target allocation, whereas illiquid funds will take longer to achieve their targets due to the timing and pace of new commitments and distributions. Over the course of 2014, the portfolio had been rebalanced to reflect its revised strategic allocation targets in light of reduction in the target level of private equity from 14 to 10 percent. At the end of the year, the Foundation's asset mix was 40 percent long-only equities, 13 percent fixed-income, 3 percent cash, 18 percent hedge funds, 8 percent tactical tilts and a total of 18 percent in private equity and real estate funds, compared with 40 percent public equities, 12 percent fixed-income, 4 percent cash, 16 percent in hedge funds, 8 percent tactical tilts, and 20 percent in non-marketable alternatives as of the end of 2013.

The Finance Committee and the Board of Trustees meet regularly with Goldman Sachs to review asset allocation, investment strategy, and the performance of the underlying investments. Northern Trust Corporation is the custodian for all the Foundation's securities. A complete listing of investments is available for review at the Foundation offices.

## Summary of Active Grants

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
AGING & HEALTH					
ACADEMIC GERIATRICS & TRAINING					
Alliance for Academic Internal Medicine <i>Integrating Geriatrics into the Specialties of Internal Medicine Renewal: Capitalizing on Forward Momentum</i> Kevin P. High, MD, MSc	Alexandria, VA	\$ 466,509			\$466,509
American College of Cardiology Foundation <i>Development and Dissemination of a Curriculum in Geriatric Cardiology</i> Susan Zieman, MD, PhD	Washington, DC	21,000			21,000
American Federation for Aging Research, Inc. <i>Centers of Excellence in Geriatric Medicine and Training National Program Office</i> Odette van der Willik	New York, NY	6,015,619		\$3,068,303	2,947,316
American Federation for Aging Research, Inc. <i>Paul B. Beeson Career Development Awards in Aging Research Partnership</i> Odette van der Willik	New York, NY	3,275,906		568,555	2,707,351
American Federation for Aging Research, Inc. <i>Medical Student Training in Aging Research Program</i> Odette van der Willik	New York, NY	503,357		279,452	223,905
American Geriatrics Society, Inc. <i>Geriatrics for Specialists Initiative: Phase V</i> John R. Burton, MD	New York, NY	1,396,541		398,406	998,135
Arizona State University <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Nelma Shearer, PhD, RN	Phoenix, AZ	251,570		151,570	100,000
Council on Social Work Education <i>National Center for Gerontological Social Work Education</i> Darla Spence Coffey, PhD	Alexandria, VA	835,934		402,026	433,908
Gerontological Society of America <i>National Hartford Centers of Gerontological Nursing Excellence Coordinating Center Renewal</i> J Taylor Harden, PhD, RN	Washington, DC	5,564,950		3,160,261	2,404,689
Gerontological Society of America <i>National Center on Gerontological Social Work Excellence</i> Linda Krogh Harootyan, MSW	Washington, DC	1,137,822		769,122	368,700
Gerontological Society of America <i>Hartford Geriatric Social Work Faculty Scholars Program and National Network</i> Barbara J. Berkman, DSW/PhD	Washington, DC	927,836		783,462	144,374

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
<b>Gerontological Society of America</b> <i>Hartford Doctoral Fellows in Geriatric Social Work Program Renewal</i> James E. Lubben, DSW, MPH	Washington, DC	\$ 109,606		\$ 109,606	
<b>Oregon Health &amp; Science University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Patricia Berry, PhD, RN	Portland, OR	199,623		99,730	\$ 99,893
<b>Pennsylvania State University</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ann Kolanowski, PhD, RN	University Park, PA	200,000		100,000	100,000
<b>University of Arkansas for Medical Sciences</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Claudia J. Beverly, PhD, RN	Little Rock, AR	200,000		100,000	100,000
<b>University of California, San Francisco</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Margaret I. Wallhagen, PhD, GNP	San Francisco, CA	200,000		100,000	100,000
<b>University of Iowa</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Janet K. Specht, PhD, RN	Iowa City, IA	257,410		128,025	129,385
<b>University of Minnesota</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Jean F. Wyman, PhD, APRN, BC	Minneapolis, MN	200,000		100,000	100,000
<b>University of Utah</b> <i>Hartford Center of Gerontological Nursing Excellence Renewal</i> Ginette A. Pepper, PhD, RN	Salt Lake City, UT	200,000		100,000	100,000
<b>Total Academic Geriatrics and Training</b>		\$21,963,683		\$10,418,518	\$11,545,165
<b>INTERPROFESSIONAL LEADERSHIP IN ACTION</b>					
<b>Gerontological Society of America</b> <i>Hartford Change AGEnts Initiative</i> Linda Krogh Harootyan, MSW	Washington, DC	\$ 4,218,219		\$ 1,137,379	\$ 3,080,840
<b>Research Foundation for Mental Hygiene, Inc.</b> <i>Health and Aging Policy Fellows Program</i> Harold Alan Pincus, MD	Menands, NY		\$ 1,600,000		1,600,000
<b>University of Colorado Denver</b> <i>Practice Change Leaders for Aging and Health</i> Eric A. Coleman, MD, MPH	Denver, CO	1,000,000		442,705	557,295
<b>Total Interprofessional Leadership in Action</b>		\$ 5,218,219	\$ 1,600,000	\$ 1,580,084	\$ 5,238,135



## Summary of Active Grants

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
<b>LINKING EDUCATION AND PRACTICE</b>					
<b>The NASW Foundation, Inc.</b> <i>Gerontological Social Work Supervisors Program</i> Joan Levy Zlotnik, PhD, MSSW	Washington, DC		\$1,055,297		\$1,055,297
<b>Partners in Care Foundation, Inc.</b> <i>Improving the Health of Older Adults Using Integrated Networks for Medical Care and Social Services</i> W. June Simmons, MSW	San Fernando, CA	\$1,645,311		\$ 500,340	1,144,971
<b>Total Linking Education and Practice</b>		\$1,645,311	\$1,055,297	\$ 500,340	\$2,200,268
<b>DEVELOPING AND DISSEMINATING MODELS OF CARE</b>					
<b>Mount Sinai Medical Center, Inc.</b> <i>The Center to Advance Palliative Care (CAPC): Transformation Business Plan</i> Diane E. Meier, MD	New York, NY		\$2,000,000	\$ 200,000	\$1,800,000
<b>Mount Sinai Medical Center, Inc.</b> <i>Mobile Acute Care Team Services</i> Albert L. Siu, MD, MSPH	New York, NY		1,612,922	148,468	1,464,454
<b>Paraprofessional Healthcare Institute, Inc.</b> <i>Strategic Investment: Doubling PHI's Impact on the Direct-Care Workforce to Improve Care for Elders</i> Jodi M. Sturgeon	Bronx, NY	\$1,100,000		500,000	600,000
<b>University of Colorado Denver</b> <i>Care Transitions Intervention Technical Assistance</i> Eric A. Coleman, MD, MPH	Denver, CO	514,316		237,745	276,571
<b>Yale University</b> <i>Improving the Care of Persons with Complex Health Needs</i> Mary E. Tinetti, MD	New Haven, CT	497,734		356,445	141,289
<b>Total Developing and Disseminating Models of Care</b>		\$2,112,050	\$3,612,922	\$1,442,658	\$4,282,314
<b>TOOLS AND MEASURES FOR QUALITY CARE</b>					
<b>National Committee for Quality Assurance</b> <i>Quality Measurement to Assess the Performance of Goal Setting and Achievement in the Delivery of Medical and Long-Term Care</i> Jessica Briefer French	Washington, DC	\$ 247,430		\$ 109,479	\$ 137,951
<b>Total Tools and Measures for Quality Care</b>		\$ 247,430		\$ 109,479	\$ 137,951
<b>COMMUNICATIONS AND POLICY</b>					
<b>Community Catalyst, Inc.</b> <i>Voices for Better Health: Geriatrics Provider Collaboration</i> Renée Markus Hodin	Boston, MA	\$ 444,565		\$ 262,063	\$ 182,502
<b>George Washington University</b> <i>Advancing Aging and Health Policy Understanding Renewal</i> Judith Miller Jones	Washington, DC	606,969		452,146	154,823

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
<b>Project HOPE - People-to-People Health Foundation, Inc.</b>	Bethesda, MD	\$ 429,481		\$ 234,220	\$ 195,261
<i>Health Affairs Journal: Lessons on Innovative Health Care Models for an Aging Population</i> Alan Weil					
<b>Tides Center</b>	San Francisco, CA	200,000		133,440	66,560
<i>Eldercare Workforce Alliance Renewal</i> Nancy E. Lundebjerg, MPA					
<b>Trustees of Dartmouth College</b>	Lebanon, NH	879,465		453,691	425,774
<i>High Cost, High Need: Costs and Fragmentation of Care for Older Adults with Multiple Chronic Diseases</i> Julie P.W. Bynum, MD, MPH					
<b>Total Communications and Policy</b>		\$2,560,480		\$1,535,560	\$1,024,920
<b>AGING AND HEALTH - OTHER</b>					
<b>Gerontological Society of America</b>	Washington, DC		\$ 130,000	\$ 57,006	\$ 72,994
<i>Study of Family Caregiving and Support Services for Older Adults</i> Linda Krogh Harootyan, MSW					
<b>Grantmakers in Aging</b>	Arlington, VA		275,000	75,000	200,000
<i>GIA Core Support Renewal: Engaging, Educating, and Convening</i> John Feather, PhD					
<b>Institute of Medicine of the National Academies</b>	Washington, DC		400,000	152,421	247,579
<i>Study of Family Caregiving and Support Services for Older Adults</i> Jill Eden, MBA, MPH					
<b>Philanthropy New York, Inc.</b>	New York, NY		200,000	200,000	
<i>The Fund for 2025</i> Ronna D. Brown					
<b>Rockefeller Archive Center</b>	Sleepy Hollow, NY		510,760	310,760	200,000
<i>Archiving of Hartford Foundation's Historical Grant Documents</i> Margaret A. Hogan					
<b>Total Aging and Health - Other</b>			\$1,515,760	\$ 795,187	\$ 720,573
<b>SOCIAL INNOVATION FUND</b>					
<b>Butte Silver Bow Primary Health Care Clinic, Inc.<sup>3</sup></b>	Butte, MT		\$ 301,113	\$ 4,169	\$ 296,944
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Dawn English					
<b>Bighorn Valley Health Center, Inc.<sup>3</sup></b>	Hardin, MT		329,876	7,588	322,289
<i>Social Innovation Fund: Healthy Futures/IMPACT Expansion Subgrantee</i> Earl Sutherland, PhD					

## Summary of Active Grants

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
<b>Community Health Center of Central Wyoming, Inc.<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Ryan Bair, MSW, LCSW	Casper, WY	\$ 468,637		\$ 85,151	\$ 383,486
<b>Kodiak Area Native Association<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Tammy L. Hansen	Kodiak, AK		\$ 579,861		579,861
<b>Mat-Su Health Services, Inc.<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Jean Selk	Wasilla, AK	339,705		69,229	270,477
<b>Partnership Health Center, Inc.<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Mary Jane Nealon	Missoula, MT	701,006		165,305	535,701
<b>Peninsula Community Health Services<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Regina Bonnevie Roger, MD	Bremerton, WA	503,050		61,130	441,920
<b>University of Washington</b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion</i> Jürgen Unützer, MD, MPH, MA	Seattle, WA	953,886		602,322	351,564
<b>Valley View Health Center<sup>3</sup></b> <i>Social Innovation Fund: Healthy Futures/IMPACT</i> <i>Expansion Subgrantee</i> Tre Normoyle, PhD	Chehalis, WA	499,701		134,456	365,245
<b>Total Social Innovation Fund Grants</b>		<b>\$3,465,985</b>	<b>\$1,210,850</b>	<b>\$1,129,350</b>	<b>\$3,547,486</b>
<b>OTHER GRANTS</b>					
<b>Center for Effective Philanthropy, Inc.</b> <i>Annual Support</i> Phil Buchanan	Cambridge, MA		\$ 3,000	\$ 3,000	
<b>The Foundation Center</b> <i>Annual Support</i> Bradford Smith	New York, NY		11,000	11,000	
<b>Grantmakers in Aging</b> <i>Annual Support</i> John Feather, PhD	Arlington, VA		7,500	7,500	
<b>Grantmakers in Health</b> <i>Annual Support</i> Faith Mitchell, PhD	Washington, DC		7,500	7,500	
<b>Manhattan Institute for Policy Research, Inc.</b> <i>Annual Support</i> Lawrence J. Mone	New York, NY		3,000	3,000	



		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
Philanthropy New York, Inc. <i>Annual Support</i> Ronna D. Brown	New York, NY		\$17,350	\$17,350	
The Philanthropy Roundtable <i>Annual Support</i> Adam Meyerson	Washington, DC		5,000	5,000	
Robert Potter League for Animals, Inc. <i>In Memory of Nuala Pell</i> Christie Smith	Middletown, RI		5,000	5,000	
<b>Total Other Grants</b>			<b>\$59,350</b>	<b>\$59,350</b>	
<b>PARTNERSHIP FUND</b>					
American Academy of Nursing <i>Geriatric Nursing Initiative</i> Cheryl Sullivan	Washington, DC		\$30,000	\$30,000	
American Federation for Aging Research, Inc. <i>2014 Annual Awards Dinner</i> Stephanie Lederman	New York, NY		18,320	18,320	
CaringBridge <i>In Memory of Mary Kay Farley</i> Claudia Ernst	Eagan, MN		2,500	2,500	
Cornell University <i>In Memory of Kathryn D. Wriston</i> M. Carrington Reid, MD, PhD	New York, NY		3,500	3,500	
Long Term Care Community Coalition <i>Sixth Annual Event Honoring Mary Jane Koren</i> Sara Rosenberg	New York, NY		1,000	1,000	
Marc Lustgarten Pancreatic Cancer Foundation <i>In Memory of Kathryn D. Wriston</i> Kerri Kaplan	Bethpage, NY		1,500	1,500	
Northern Michigan Regional Health System Foundation <i>In Memory of Mary Kay Farley</i> Julie Jarema	Petoskey, MI		2,500	2,500	
Nurses' Educational Funds, Inc. <i>Mathy Mezey Scholarship in Graduate Geriatric Nursing Education</i> Susan Bowar-Ferres, PhD, RN, NEA-BC	New York, NY	\$25,000		25,000	
United Hospital Fund of New York <i>Annual Support</i> James R. Tallon, Jr.	New York, NY		2,500	2,500	
Visiting Nurse Service of New York <i>2014 Benefit Dinner</i> John Billeci	New York, NY		7,500	7,500	
<b>Total Partnership Fund</b>		<b>\$25,000</b>	<b>\$69,320</b>	<b>\$94,320</b>	

## Summary of Active Grants

		Balance Due January 1, 2014	Grants Authorized During Year	Amount Paid During Year	Balance Due December 31, 2014
Matching Grants <sup>1</sup>			\$1,123,738	\$ 1,123,738	
Discretionary Grants <sup>2</sup>			64,000	64,000	
Grants Refunded or Cancelled		\$ 341,033	(361,763)	(20,730)	
Contingent Grants Adjustment <sup>3</sup>		(2,698,263)	(262,387)		(2,960,650)
Discounts to Present Value		(889,035)	134,271		(754,764)
<b>Total (All Grants)</b>		<b>\$33,991,893</b>	<b>\$9,821,358</b>	<b>\$18,831,853</b>	<b>\$24,981,398</b>
<sup>1</sup> Grants made under the Foundation's program for matching charitable contributions made by Trustees and staff. <sup>2</sup> Grants made under the Foundation's program for charitable contributions designated by staff. <sup>3</sup> Contingent Grants					
		Expenses Authorized Not Incurred Jan. 1, 2014	Projects Authorized During Year	Expenses Incurred During Year	Expenses Authorized Not Incurred Dec. 31, 2014
Foundation-Administered Grant	New York, NY	\$496,146	\$1,951,320	\$421,451	\$2,026,015
Communications & Dissemination Initiative Renewal John Beilenson					
To Pursue Selected Activities in the Strategic Plan			185,729	185,729	
<b>Total</b>		<b>\$496,146</b>	<b>\$2,137,049</b>	<b>\$607,180</b>	<b>\$2,026,015</b>





## Application Procedures

UNDER A STRATEGIC PLAN ADOPTED IN 2012, the Hartford Foundation will make grants and initiate programs that will put geriatrics expertise to work in all health care settings by: advancing practice change and innovation; supporting team-based care through interdisciplinary education of all health care providers; supporting policies and regulations that promote better care; and developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

*The Foundation will organize its grantmaking under five strategy areas:*

- Interprofessional Leadership in Action
- Linking Education and Practice
- Developing and Disseminating Models of Care
- Tools and Measures for Quality Care
- Policy and Communications

*Overall criteria for funding include:*

- Focus on the older adult population and inclusion of geriatrics expertise;
- Potential for national scale and impact; and
- Potential for leveraging other initiatives and funding sources.

The Foundation makes grants to organizations in the United States which have tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (and are not private foundations within the meaning of section 107(c)(1) of the code), and to state colleges and universities. The Foundation does not make grants to individuals.

Due to its narrow funding focus, the Foundation makes grants by invitation only. After familiarizing yourself with the Foundation's program areas and guidelines, if you feel that your project falls within this focus, you may submit a brief letter of inquiry (1-2 pages) which summarizes the purpose and activities of the grant, the qualifications of the applicant and institution, and an estimated cost and time frame for the project. The letter will be reviewed initially by members of the Foundation's staff and possibly by outside reviewers. Those submitting letters will be notified of the results of this review in approximately six weeks and may be asked to supply additional information.

Please do not send correspondence by fax or e-mail.

Mail may be sent to:

The John A. Hartford Foundation  
55 East 59th Street  
16th Floor  
New York, NY 10022

More information can be found at [jhartfound.org/grants-strategy](http://jhartfound.org/grants-strategy)



The John A. Hartford Foundation  
[www.jhartfound.org](http://www.jhartfound.org)

# Working to improve the health of older Americans

## About the John A. Hartford Foundation

The mission of the John A. Hartford Foundation is to improve the health of older adults in the United States.

Based in New York City, the Hartford Foundation was founded in 1929 by John A. and George L. Hartford, the family owners of the A&P grocery chain. After an early history of funding pioneering biomedical research, for the last three decades the Foundation has been a champion of research and education in geriatric medicine, nursing, and social work. Today the Foundation pursues opportunities to put geriatrics expertise to work in all health care settings by:

- Advancing practice change and innovation;
- Supporting team-based care through interdisciplinary education of all health care providers;
- Supporting policies and regulations that promote better care; and
- Developing and disseminating new evidence-based models that deliver better, more cost-effective health care.

Recognizing that its commitment alone is not sufficient to realize the improvements it seeks, the John A. Hartford Foundation invites and encourages innovative partnerships with other funders, as well as public, non-profit, and private groups dedicated to improving the health of older adults.

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